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FRANK S. PARSONS, M.D., - Editor, DORCHESTER, BOSTON, MASS.

JOSEPH R. CLAUSEN, A.M., M.D., Manager, No. 717 BETZ BUILDING, PHILADELPHIA, PA.

Original

ABSTRACT OF PAPER ON SURGERY OF THE GALL-BLADDER AND DUCTS.*

BY J. McFADDEN GASTON, M. D.,
Atlanta, Ga.

(Continued from last number.)

With a view to diagnosticate distension of the gall-bladder, all tumors connected with the liver should be examined with care. A peculiarly complicated case of laparotomy is reported by Bauer in the St. Louis Medical and Surgical Journal for June, 1886, in the person of a mechanic aged 40.

This case was calculated to mislead the operator, in view of the fact that "immediately below the right hypochondrium there was a tumor obviously connected with the liver, since it moved contemporaneously with that organ. It presented a semi-globular form, about three inches in diameter, was smooth and elastic to the touch and withal very tender." The author leaves us entirely in doubt as to his preconceived view by saying that although he had formed some diagnostic views on the nature of the tumor, believing that laparotomy is the only trustworthy diagnostic method, he proceeded to operate. (Query—What does an analysis of the facts prove?) (Abscess of Liver.)

An interesting case of fatal obstruction of the ilio-cecal valve by a gall-stone was reported by Dr. Rus-

sell H. Johnson in the Medical News of June 27, 1885. The author states that "the facts of the case warrant the conclusion that the gall-stone under consideration escaped from the gall-bladder by means of a fistulous tract connecting it with the duodenum," and remarks further that "autopsic examinations (especially those made by Murchison) have in many instances shown the presence of these fistulas and lead us to infer that it is not a very unusual occurrence."

A very instructive report to the New York Surgical Society, at its meeting of April 28, 1885, by Dr. Peters, detailing the results of an autopsy, illustrates strikingly this ulcerative tendency from an occlusion of the gall-bladder and the accompanying adhesions surrounding the perforation into the duodenum by which nature provides an outlet from the gall-bladder into the duodenal canal.

It is evident that the slow progress of such cases at the outset, and the gradual concretion of hard masses in the gall-bladder, favor the development of a subacute form of inflammation, which leads to suppuration in the sac and ulceration of adjacent tissues. The inflammatory action which is sometimes set up in the tissues of the gall-bladder seems to point to relief in the direction of the duodenum, and an autopsic observation of the ulcerative process by which the contents of the gall-bladder passed into this canal first directed my attention to the practicability of effecting a direct communication between these two organs.

No measure apart from that of Von Winiwarter had been adopted previously with a view to convey the bile from the gall-bladder into the intestinal canal. In his case the gall-bladder was first united to the colon, and after the lapse of some time he established a fistula between the sac and the small intestine by uniting them with stitches, suturing the intestine to the abdominal wall, and opening the gut on the fifth day, puncturing the opposed surfaces through the incised intestine, and finally closing the latter with sutures. This operation of Winiwater was intended to remedy the occlusion of the common bile-duct by effecting an artificial communication with the intestine for the passage of the bile, and while it failed to realize the advantages expected from a cholecysto-duodenal outlet, the partial success of this procedure shows the tolerance of similar measures by the respective structures involved. No complications arose in Winiwater's case from the coils of intestine, the constriction of its lumen, or the regurgitation of its contents into the gall-bladder; and much less are such difficulties likely to occur in the attachment of the sac to the duodenum.

The practical discernment of Harley led him to the conclusion that the triumph of operative surgery would be to establish an artificial fistula between the gall-bladder and the duodenum. For then not only would the pent-up bile be removed, but the disturbance arising from the non-admittance of bile into the intestines likewise be at the same time overcome. I am not quite sure, he remarks, if, in these days of antiseptic surgery, the operation is not quite practicable; for I can see no reason why the adjacent surfaces of the gall-bladder and duodenum should not be eroded by potassa-fusa and speedily stitched together.

The principle of cholecysto-duodenal communication seems to have been grasped in this suggestion for creating a fistulous opening; but the process of accomplishing it presents objectionable features, which do not hold against the plan of uniting the two walls by a loop of suture which shall induce an amount of adhesive inflammation sufficient for the union of their outer surfaces, with a certainty of cutting through the adjoining tissues and effecting a passage for the bile from the gall-bladder into the duodenum.

Harley is justly entitled to priority for the publication of this suggestion "to establish an artificial fistula between the gall-bladder and duodenum," as his book on Diseases of the Liver, which contains it, appeared prior to the publication of my article in Gaillard's Journal on "Obstruction of the Gall-duct and Its

Bad Consequences, with Remedial Operation Suggested." But it is due to myself to state that his work had not been seen, nor was I aware of his suggestion when my paper was published. In like manner it may be stated that I did not know of the operation of Winiwarter, though it was recorded in a foreign journal in 1882, and published in the October number of the American Journal of the Medical Sciences in 1884.

But, putting aside the question of priority, it is proper to note the difference in a predetermined recourse to the ligation for opening a communication from the gall-bladder into the duodenum, which shall at the same time induce a firm union of their outer surfaces, from an incidental attachment of the sac to the large or small intestine, as done in his case. It must be perceived that his mode of proceeding has quite a dissimilar effect from the operation that was suggested by Harley, or from that process which I adopted afterwards for establishing the flow of the bile into the duodenum, which McGraw has indorsed.

The close proximity of the duodenum to the lower and under-surface of the distended gall-bladder, with more or less thickening of its wall, affords favorable conditions for this operation; and it is evident that greater tolerance of the textures for surgical interference is presented after the disorders connected with biliary obstruction have diminished the tendency to active or acute inflammation.

A class of operations calls for attention in connection with impaction of biliary calculi in the cystic or common ducts which cannot be dislodged by the means already mentioned. The incision of the wall of the duct by the knife or scissors, constituting this operation for the removal of stones, has in most cases been closed afterwards by suture, but when this is impracticable it may be left open and the intervening space should be packed with gauze, leaving the ends protruding at the external wound, to afford drainage and prevent the entrance of bile into the peritoneal cavity.

The various modes of procedure adopted by different operators in effecting cholecystenterostomy include anastomosis of the gall-bladder with the duodenum, the small intestine and the colon, by different processes besides that of union by a stitch of silk thread or the elastic ligature.

The attached surfaces have been sutured, with the cut edges brought together or the division made after nearly completing the circuit. The bone-plates have been employed to approximate the walls of the gall-bladder and intestinal canal, and the Murphy button has latterly been used in most cases for this anastomosis.

There has been a fair measure of success by each of these procedures, and the choice of operators in the future will depend to a considerable extent upon the conditions presented in the individual cases.

NOTES ON SOME OF THE CLINICAL FEATURES OF TUMORS, THEIR ANATOMICAL CHARACTERS, MORPHOLOGICAL ELEMENTS AND THEIR THERAPY, BY TENTATIVE, CONSTITUTIONAL OR RADICAL MEASURES.

BY THOMAS H. MANLEY, M. D.
NEW YORK.

FIBROUS TUMORS.

All neoplastic formations of a non-malignant nature present one fairly uniform characteristic in their structural composition. They preserve the same histologic elements as the matrix tissues from which they spring; hence, fibrous tumors may be looked for only where fibrous tissue abounds. But if we exclude the tendons and ligaments we will note that this tissue largely serves as a supporting and protective envelope of many organs and structures, and in the integument is quite inextricably intermixed with smooth muscle and elastic fibre; hence the reason that pure fibroma, without the admixture of other heterogenous anatomic elements, is exceedingly rare, and why those indurated masses lodged in various regions of the body are more generally designated fibromyoma, fibro-adenoma, fibro-lymphoma, etc. For the greater number of these the term, from a clinic standpoint, would be more properly "fibroid."

At the present this term is reserved for those growths which so frequently involve the walls of the uterus, although, strictly speaking, this term, from an anatomic standpoint, is as inappropriate here as elsewhere.

However, it as accurately describes the pathologic state as "myoma," for the reason that, although these masses contain more or less smooth muscles, fibre and myxomatous tissue, in some of them, of a hard, ivory feel, the dominant structure is an avascular, fibrillated stroma, devoid of muscular elements.

The most favored site of fibrous tumors is in the periosteum; not infrequently extending into and involving the cartilage elements or perichondrium of the articulations.

As an osteo-fibroma we find its most common habitat in the buccal cavity, especially along the gingival borders of the mandible, though it may seize on the upper jaw or the hard palate. Here situated I have more than once seen it mistaken for "sarcoma."

One clinic peculiarity about epulis it is well to have in mind, viz., that like nasal polypi, unless radically cleared away by complete eneucleation it may promptly return; this, too, when no malignant elements can be found in it.

Thus, as an example, three years ago I removed a periosteal fibroma from the lower jaw of a young, pregnant woman. Owing to her condition it was thought best to depend on cocaine analgesia. The growth was small and the operation quickly performed. Healing was prompt, but it reappeared and grew with alarming rapidity. After her confinement it had attained such enormous dimensions that a formidable operation had to be performed to clear it out from its deep connections with vital parts, but it was distinctly encapsulated, and loose, easily decorticated.

This time I freely cauterized its periosteal base with pure nitric acid and allowed the large wound to heal by granulation.

The parts closed in readily and

there has been trace of return since. The tumor weighed 25 ounces. On microscopic examination it was found to be made up quite wholly of fibrous elements, with a moderate admixture of myomatous structure.

This is a group of tumors of serious import when they are so lodged as to interfere with function or compromise vital organs.

Their growth is usualy slow, unless they include other more vascular structures or become inflamed.

As they in most instances lie near the surface their extirpation may be easily effected, but when they are of considerable volume, when lodged in the passages or in deep structures, one should not undertake their removal without being fully equipped with all the resources of effective surgery.

In a considerable number, however, when of a mixed character, before resort to sanguinous measure, conservative expedients should be perseveringly tested.

The gummata of syphilis and the adenoid induration of strumor may be confounded with fibromata. Therefore, when doubt exists as to the character of the neoplasia constitutional remedies should be plied with a free hand.

If medicative resolution may be effected a great boon is conferred on our patient.

Heitzman in his work on histology, speaks out a few words of plain truth which it would be well for us to imitate when writing on problems yet enshrouded in great mystery. In dealing, for example, with the subject of osseous repair after fracture, he says that the statement that "the effused blood corpuscles are resorbed" is simply the refuge of ignorance, for about that we know nothing definite yet.

This is well for the skeptics to heed when they turn with contempt from every description of treatment for tumors but cold steel.

An amputation has been designated the opprobrium of surgery, a most extreme and deplorable, but sometimes an imperative, resort. The removal of a tumor by dissection is always a serious undertaking however it may be regarded; it unhappily is a confession of the impotency of medicine to reach those pathologic changes induced by some unknown systemic influence. But many tumors, and notably those of a fibrous origin, are capable of dispersion by local and constitutional remedies; by rest, pressure, hypodermication, friction, a cupuncture, electricity and other means.

It is true that under most circumstances the surgeon has but little discretion in the matter, as the case is referred to him for "operation." A better word would be treatment. His fort is chiefly dealing with traumatic and pathologic lesions, deformities and new growths.

If he may secure the desired end without spilling blood or mutilating it should not detract from his reputation as a conscientious and skillful member of his craft.

Therefore, he who would pose as the complete and ideal surgeon must thoroughly acquaint himself with something more than operative skill and should be thoroughly cognizant of the action of internal medicines.

Editorial

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UTERINE CANCER.

In another place in this issue will be found the full translation of one of the most valuable contributions on the clinic and therapeutic consideration of uterine cancer.

W. Jacobs has placed the profession under an obligation to him for his candid and impartial utterances on this terrible malady.

In the beginning it will be noted that the number 69 is quite ample to draw rational inferences from, besides he had every type of the dread malady—in the young, middle-aged and the old—and he had a considerable proportion of cases in which only the cervix was involved. Alas! what a sad commentary on results after the best that surgery can offer—but two alive after two years!

Who that has had any experience in uterine cancer has ever witnessed such a terrible mortality under conservative treatment.

Yet there are those intemperate enthusiasts who will tell us that cancer "is a surgical disease;" but Jacobs in his essay informs us that "vaginal hysterectomy for uterine cancer is probably the best palliative remedy we have."

But his statistics most positively conflict with this notion. For under any treatment the results could not be worse.

The youthful, vigorous maiden, we are told, is the worst possible subject, as up to 45 prompt return is inevitable. After that stage of life, as the malady often pursues a chronic course and the shock of operation is very great, surgery is interdicted.

Dr. George Fischer (Surgery of One Hundred Years Ago, Jour. Med. Ass'n, No. 20, p. 1061), in writing on the views of our forefathers in surgery in cancer, says: "Those fundamental principles in which we agree with our forefathers are the following: Cancer in the beginning is a purely local affection; it must therefore be entirely and perfectly removed as early as possible. It is cur-

able by surgery, and extirpation constitutes the only prospect of success; medicines are of no avail. We agree to this doctrine. Who? Certainly not all of those whose experience with various types of cancer is the greatest. On the contrary, the opinion is fast growing that operative surgery has been altogether overdone in many types of this malady.

We have no proof that "the affection is originally local," but we have no little clinic evidence that there are many medicinal agents which sometimes hold the disease in abeyance.

Let us then, unless the indications for hysterectomy are positive and specific, in exceptional cases, once more turn back to our old friends, local caustics, astringents, sedatives and tonics. At all events, let us be honest and not pretend to powers which we do not possess, and candidly confess that the essential features of cancer are still as deep a mystery as ever.

A MEDICO-LITERARY CAUSERIE.

SURGERY IN THE FOURTEENTH CENTURY.

Among the principles of surgical practice as set forth by Mondeville by no means the least important is the successful extraction of the fee. A man of little skill, he says, will be more successful than if he had a thorough knowledge of his art, if he only knows how to make his patients pay. To be careless of the fee is, he holds, to be careless of the welfare of the patient. A surgeon who is uncertain whether he will be paid cannot give proper attention to the case which he has in hand:

"His mind's eye will be completely darkened, and we may say of him with the psalmist, that he hath eyes and seeth not. His examination will be perfunctory, and he will always be making excuses and finding fresh pretexts for putting off. If he has pocketed his fee the blind man sees and the halt man walks, or rather runs."

For this reason, says our author, a surgeon's chief thought should be for his fee. Once paid in full let him be content, but until he has got his fee let him not cease to ask for it, and let him not accept either surety or promise, but only a pledge or hard cash (Nec umquam a paciente sumat plegium sive fidem vadium sive nummos).

Courtesies and presents from a certain class of patients may be traps for the unwary. Mondeville warns his disciples against dining with patients who have not yet paid, for "such a dinner always takes off something from the fee." In vain is the snare set in the sight of any bird, but it may sometimes happen that over-caution may itself prove a snare. Trosseau had learned by experience to fear the grateful patient who brought a gift when he owed gold, and was at last driven to protect himself against this unprofitable thankfulness by resolutely declining to accept presents. On one occasion a great lady whose child he had saved from death begged him to accept a little silk purse which she had worked for him with her own hands. Seeing, as he thought, the snare, the great physician said: "Madam, it is my rule not to accept presents. My fees amount to 1000 francs." The lady replied: "I am sorry to have unwittingly infringed your rule. I had ventured to put ten 1000-franc notes in this purse. Allow me to present you with one of them!"

Mondeville, however, sees no objection to the acceptance of presents, such as jewels, goblets or gold or sil-

ver, rich stuffs and the like from friends—from whom usually nothing else is to be got. Sometimes their gratitude may need a little gentle stimulation. It would, of course, our author admits, hardly be decent for the surgeon to apply this treatment himself, but his servant can do what is required. For instance, if anything is hinted as to a fee, a discreet retainer can speak, "behind our backs, as if we knew nothing of it," in this wise:

"By no means! My master would not like that. You would do better to offer him a cup or something of that kind, although I am certain he would not accept it."

From those who are poor but not quite destitute, fowls, geese or whatever else they have to give may be taken. The cardinal principle of Mondeville's teaching in the matter of fees is that the surgeon should always and in all circumstances take what he can get. He must not let himself be deceived by appearances. Rich folk are accustomed to come to him in the garb of poverty, or if they are well dressed they allege all manner of untrue reasons for it, that they may make him lower his fee.

Mondeville's experience would seem to have been unfortunate, for he says:

"I have never found any man rich enough, or rather, honest enough, of whatever station of life, religious or other, to be willing to pay that which he had promised without being compelled or pressed to do so."

Therefore, he says, the surgeon should in the matter of fees deal with his patient as the costermonger of the ballad did with "the donkey which wouldn't go."

"As a driver who spurs his ass has but one thought—to go quickly—and the lazy ass, in resisting, has precisely the opposite thought and seeks to go slow, thus toward the end of the treatment we should, unless we have been paid in full, resist the patients who press us, dawdling like the ass, and insist on having our money if we dare. If not, we must have recourse to delays and subterfuges; we must plead the inopportuneness of the moment, the disobedience of the patient, the want of medicines and money, so that the patients may see that unless they first pay the surgeon the treatment will last forever."

Mondeville returns again and again in various parts of his books to the subject of fees, breaking out in unexpected places into vehement denunciation of the meanness of patients, especially the wealthy, who forsooth think they pay a surgeon enough if they give him 12 denarii, or 2 sous a day, as they might to a mason, a tanner or a tailor. It may be mentioned that in purchasing power the sou during the first half of the fourteenth century was equal to about 4 francs at the present day. But our author urges that as the human body is to be preferred to everything else, the surgeon must not be content with a small fee or none at all for having saved an arm or a hand. He proceeds:

"When, therefore, a patient comes for the first time to a surgeon, the latter before asking for a fee should consider first his own circumstances; secondly, those of the patient; thirdly, those of the disease. As regards the first, the surgeon should consider whether he is celebrated, better known than his brethren, the only one in his country, rich, etc. As regards the second, he may know that his patient is rich or poor, or has rich friends; for instance, whether he be the son or nephew of a bishop or an abbot. If he does not know it he must make careful inquiries or have them made by his assistants, inasmuch as sometimes, and even often the rich come to the surgeon clothed like poor folk."

If he suspect this he must invent a pretext for delay till he has time to make inquiries. As regards the disease he must take into account the difficulty and length of treatment, whether there are few who can treat such a complaint, and all the other important elements in the situation. If the circumstances are favorable the surgeon ought boldly to ask a high fee. To the rich he should say:

"It appears to me that for this cure the surgeon should receive a hundred pounds."

If this causes great astonishment

the surgeon should pitch his request in a lower key:

"I do not say that I wish to get as much, but that it ought to be so, and see you carefully to it that the surgeon be recompensed for his trouble, his knowledge, and his applications, if it be he who has paid for them, and that he be distinctly obliged to you."

Then, after having heard their reply, the surgeon will gradually abate his demand, selling his services, as it were, by a Dutch auction. A surgeon who is well known should, it is recommended, always have a minimum fixed in his own mind for which he is ready to treat the case; he can then ask more than double, so that he can, if necessary, reduce it one-half, but not below this point—"this would be shameful." This method of bargaining for a fee is, it would appear, the regular custom in China. A well-known London dentist some years ago sent in an account for professional services to the representative of the Celestial Empire of that day and was disagreeably surprised to receive a cheque for one-half the amount. On remonstrating it was explained that no affront was intended; it had only been taken for granted that the account had been drawn up on the basis generally accepted in China, and it had accordingly been dealt with in the usual way.

Mondeville's principle was, in fact, that of Robin Hood, who robbed the rich to help the poor:

"I repeat the surgeon must ask without measure from the rich and get out of them as much as he can; provided, however, that he spend all the surplus in dressing the poor."

Preventive treatment, as being unprofitable and hurtful to the surgeon, should be reserved for patients belonging to one of the following categories: 1. The really poor, for the love of God. 2. Personal friends (but even from these, as we have seen, the surgeon should get what he can in the way of presents). 3. Those who are known to be truly grateful after a complete cure. 4. Those who pay badly, such as persons in authority and their kindred —chamberlains, justices, bailiffs, advocates and all those to whom it would not be prudent to refuse advice. The longer a surgeon treats such people the more he loses by it; therefore, let him dispatch them as speedily as possible and treat them with the best physic. 5. Those who pay fully in advance. In all other cases Mondeville thinks preventive treatment an unnecessary stretch of virtue on the part of a surgeon.

Those who pay after cure according to the trouble given should not be cured too speedily:

"Let us give them medicines that work slowly and weakly, in the hope that they will pay pro rata of the time taken. In the case of all these and the like folk let us allow the disease to grow, telling them that thereby nature rids herself of many superfluities which would be dangerous if retained inside. Let us forbid them perspiration, repose and abstinence, telling them that the sweat dissolves the subtile part of the humors, leaving a grosser residue which is capable of doing harm; that tranquillity and repose multiply the cold and corrupt humors which lessen the natural heat and make a man indolent in his actions; that abstinence weakens the healing power which ought to cure the disease, and fills the stomach with unwholesome humors, which multiply and increase the materies morbi. And since there is no faith in Israel, and truth is without strength in public places, we prefer, if need be, that one thing should happen rather than the other —to cozen the cozeners rather than to suffer hurt from them. Let no one deem from that which has been and will be said that I wish to teach evil doing, but rather to know it well in order to avoid it, because one avoids only that which one already knows. If anyone understand in an evil sense the words which have been said it will not be on account of the frankness of the speech, but on account of the malignity of the hearer. Let them therefore take heed with the psalmist, who says: 'Shun evil and do good, seek peace and cultivate it.'"

Mondeville sums up the qualities that should go to the making of an operating surgeon as follows:

"That he should not be afraid of stenches; that he should boldly cut or kiss like an executioner; that he should lie like a courtier, and that he should know how cleverly to extract reward or money from the barbarians. (Quod oudacter seindat aut interficiat sicut carnifex, quod curialiter mentiatur et quod sciat subtiliter a barbaris pretium aut pecuniam extorquere.)"

One cannot, however, help feeling that Mondeville's cynical insistence on the paramount importance of the fee and his instructions in the great art of spoiling the Egyptians are the expressions of an honest mind soured by deception and disappointment rather than of sordid greed of gain. The fact that he did not amass much wealth would appear to show that he did not himself practice what he preached. He thought nobly of his profession, as may be gathered from the following passage:

"You, therefore, surgeons, if you have worked conscientiously with the rich for a proper remuneration and with the poor for charity, you need fear neither fire nor rain nor wind; you have no need to enter monasteries, to make pilgrimages, because by your knowledge you can save your souls, live without poverty and die in your houses. Live in peace and gladness, and rejoice, for your reward is great in heaven."

Like Carlyle, Mondeville held that whoever else may be wrong, the doctor, at any rate, who through his whole life passes by doing good is in the right.

—The Practitioner.

Clinical Medicine.

In charge of DR. J. J. MORRISSEY.

NEUROPATHIC DYSPEPSIA.

In an interesting communication to the Lancet Dr. A. Ernest Lansom, writing on "Neuropathic Dyspepsia and it Correlation with Disturbances of the Rhythm of the Heart," draws the following conclusions: (1) Essential tachycardia is not accompanied by dyspepsia, (2) paroxysmal tachycardia and the forms of tachycardia, accompanied by signs, even slight, of Basedow's disease, are very frequently associated with crises of dyspepsia; (3) extreme cardiac arhythmia often occurs without manifestations of dyspepsia, (4) gastro-intestinal irritations do not produce cardiac arythmia without the concurrence of predisposing causes, (5) cardiac arythmia often replaces tachycardia in Basedow's disease; in such cases paroxysmal dyspepsia is frequent; (6) well-marked trachycardia may exist without signs of dyspepsia; (7) paroxysmal bradycardia is associated with crises of dyspepsia, and these crises sometimes occur in persistent bradycardia; (8) there is no defined relation between dyspepsia and the structural diseases of the heart, which sometimes are manifested in cases of disturbed heart

rhythm; (9) it is most probable that all forms of disturbed rhythm of the heart are due to marked affections of the nerve element at the origin or in the course of the vagi nerves or the nerve mechanism of the cardiac reflex in the upper part of the spinal cord; (10) the attendant dyspepsia is due to an extension of the disturbance to the areas of origin or course of the gastro-intestinal branches of the vagi nerves; (11) all such alterations of the reflex nerve mechanism, as well as the various disturbances of digestion, may be due to toxic influences.

NEW REMEDIES.

The unsatisfactory basis upon which medical knowledge is established in many of its relations with disease is one of the principal causes that leads us to eagerly seize upon new remedies. Thousands of highly-lauded preparations are yearly launched upon the commercial medical market, backed up by testimony from practitioners in various obscure portions of the country who seem to have a grudge against their colleagues in advocating some unmeritorious remedy, or an ungovernable desire to see their names in print. The ubiquitous agent appears daily in our office, consuming valuable time in extolling some preparation which but a short year ago, while traveling under the aegis of another concern, he was only too ready to condemn in the severest terms. Physicians must be a very gullible class, for the majority are ever willing to accept as gospel truth the hackneyed praises of an article which has no real necessity for its existence aside from the business interest of the house in which it is produced.

It frequently happens that the more obscure the house the greater the magniloquent representations made concerning its product.

On the other hand it is a decided relief to turn to some of the great drug houses of the country, the managers of which are constantly keeping to the front the results of accurate scientific investigations in the preparation of high-class pharmaceutical preparations. The combinations of remedies which they offer are frequently of distinct advantage to the art of therapeutics, and are often based upon suggestions tendered by leaders in the profession.

It is time, therefore, for the discriminating physician to relegate many of the new-fangled remedies coming to him under the guise of indispensable factors in the treatment of various diseases to the darkness of obscurity and not to permit himself to be led as the gentle lamb to the slaughter.

This statement is particularly applicable to foreign importations. The name of some well-known German house attached to a recently patented article appears to be a voucher for its respectability and therapeutic quality, and it is only after months of patient trial that we reluctantly acknowledge our disappointment. We are too often inclined to seek abroad for the latest discoveries in drugs and other remedial measures and close our eyes to the legitimate and important work that is being daily accomplished in our own country.

It should be the duty of American physicians to heartily and cheerfully accord to the enterprise and business sagacity of our own manufacturers the encouragement which we have so frequently tendered to those of continental Europe.

Whatever has been done abroad can be accomplished in America, and at less cost to our patients.

Electro-Therapeutics

DR. S. H. MONELL, Brooklyn, N. Y., Editor.
Chief Instructor of the Brooklyn Post-Graduate School of Clinical Electro-Therapeutics.

ELECTRO-DIAGNOSIS FOR THE GENERAL PRACTITIONER.

BY S. H. MONELL, M. D.

A few words on this subject will clear away some of the confusion that pertains to it. There is no known method of "diagnosing diseases by electricity," as the average physician understands the word diagnosis. Many of the conclusions of experimenters in the study of electro-diagnosis are erroneous or of no practical value. In the treatment of patients a number of things may appear which confirm or alter previous diagnosis or affect views of the prognosis of the case, and occasionally some test of the electrical reaction of a part may be made in advance of treatment, but the complete examinations of nerve and muscle reactions set down as necessary in chapters upon electro-diagnosis do not enter into practical medicine.

The diagnosis of the general practitioner may be made by the usual clinical methods and treatment instituted accordingly. During electrical treatment we may find an unsuspected area of great sensitiveness or great dullnes of sensation, or we may find that muscles contract less quickly than in health, or that the results of the method we have selected do not prove satisfactory. In all these cases we must look for the cause and diagnose the condition by familiar methods of practice.

The electrical irritability of nerves and muscles may differ in two ways —in quantity or quality. I know of nothing in the literature of medical electricity so lacking in practical value and so totally useless to the physician as the laborious efforts that have been made to develop electro-diagnosis. Much attention has been given to the subject by ingenious and devoted men, but their work has availed little. As a curative agent, as a palliative of symptoms in incurable cases, as a means of deciding from the results of treatment between two suspected but undetermined conditions, and as a help in arriving at an early prognosis, medical electricity possesses a value which easily places it in the front rank of extra-drug remedies, but there is no system of electro-diagnosis of general diseases, such as make up the routine of office practice. As a matter of fact I would about as soon think of questioning the patient in the Sanscrit language to obtain a history as to put him through the technique of interrogation with a pair of electrodes in the manner recommended in some writings upon electro-diagnosis.

Diagnostic and therapeutic hints of great value may develop during the treatment of complicated cases, as we discover abnormal sensations and unusual effects and carefully investigate their cause by inquiry and by other methods of physical diagnosis. This, however, seems to me something quite apart from the idea of electro-diagnosis presented to the physician's mind by his readings of electrical reactions, quantitative and qualitative changes, increased or diminished excitability and the reaction of degeneration.

It is, however, the only practical part of electro-diagnosis in clinical experience. An author of a work upon electro-therapeutics begins his chapter on electro-diagnosis by stating: "When a patient with any disorder of the nervous system presents himself for electrical treatment it is nearly always necessary to begin with an investigation of the electrical reactions of his nerves and muscles. The motor nerves and the skeletal muscles should be investigated first and both the faradic and the continuous currents must be employed. The unipolar method must be adopted and the tests must be applied to the motor nerves, the muscles and the cutaneous sensory nerves in the parts affected, and they must be compared with the same parts of the sound and healthy side. To do this it is absolutely essential to know thoroughly the points where the nerve trunks are most accessible, the motor points of the muscles and the distribution of the cutaneous nerves."

Such a method of examining patients seems to me difficult to consider in office practice, and the most careful researches which I have been able to make into the disclosures which would result from such examinations do not reveal recompenses for the time and trouble. The procedure is inaccurrate, does not determine the nature or cause of the disease in important cases when such information is desired, and belongs to the realm of theoretical and experimental work rather than of practical therapeutics.

An increased or diminished sensibility to a given electric current will often indicate a departure from the normal in the state of the tissues through which the current passes, but it very seldom discloses the diagnosis of the lesion. The nearest approach to exactness in electro-diagnosis is the test to determine between a central and a peripheral paralysis, but even to this rule there are exceptions, and the discovery of the reaction of degeneration does not make clear the exact cause behind it. This is upon the surface of the body. Within the pelvic cavity there are some important diagnostic suggestions derived from the behavior of the tissues under electric currents, which must be studied separately.

How to locate motor points without a chart is one of the perplexities of students of medical electricity which cease to trouble after a little practice.

Place any ordinary sponge-covered flat electrode upon a folded towel on the knee of the patient and let him rest upon it the flexor surface of the forearm, a couple of inches above the wrist. Connect this electrode with the positive pole of a high-tension induction coil apparatus.

Take an ordinary sponge-covered hand-electrode, moisten it with warm water and rub it a few times over a cake of soap. Connect it with the negative pole and pass it up and down and over every portion of the arm of the patient, from the shoulders to the finger tips. The proper current strength must first be found. Switch the 800 yard No. 32 coil, rapid vibrator and three cells into circuit. After contact is made with both electrodes, increase the current in the secondary circuit from zero until it produces some visible contraction of muscles as the negative electrode is moved about over the arm.

As the labile electrode is promenaded over the surface of any part of the arm, or forearm, the presence of each motor point will be exactly demonstrated by a contraction of the muscles supplied. If the electrode is swept back and forth the contractions will follow each other in a series of waves. If the electrode is steadily held upon the motor point the muscles will be fixed in a tetanic contraction as long as the electrode is on the motor point, and the intensity of the contraction will be exactly proportioned to the E. M. F. of the current.

The patient can next reverse his arm and place the extensor surface upon the stationary electrode. The operator need never look at any chart of electro-therapeutic anatomy for assistance to locate motor points. Every movement of the fingers, wrist, elbow and of the muscles acting upon them, can be practically

demonstrated on the patient without any previous knowledge of charts and diagrams.

It is a simple matter to go over the entire arm in this way. By placing a stationary electrode upon the back of the neck, another electrode may be moved over the sides of the neck and face, and the motor points of these regions located on any person whenever it is desired to do so.

With the patient recumbent, and a positive flat electrode under the abdomen, a labile negative electrode may be moved over the area of the back, and its motor points located at will.

By turning the patient over and putting the positive electrode under the cervical spine, or sacrum, the motor points of the anterior trunk may be demonstrated by the labile electrode as it passes over muscles.

By standing the patient upon a foot plate and promenading an electrode up and down each limb from the hip to the ankles, the motor points of the leg can be easily traced.

Current Medical Literature.

NOTES FROM MEDICAL PRACTICE.

BY GEORGE A. TOLMAN, M. D.,
Dover, N. H.

The following brief remarks are based upon my experience with some of the more recent additions to the materia medica.

Since the introduction of trional as a remedy in neurotic conditions, I have employed it in many cases and have carefully noted the results. As a general nerve sedative, especially in insomnia of neurasthenics, I have found it of the utmost value.

I have failed to detect cardiac depression, even when given in maximum doses (gr. xl). Yet a conservative physician wil always guard his patient against any idiosyncrasy, and during its use in maximum doses administer conjointly either nitroglycerine or citrate of caffeine. The following cases serve well to illustrate its value:

Mrs. T., aged 26, was troubled with insomnia. Nearly all the hypnotics usually used in such cases had been exhibited without relief. I tried trional in 30-grain doses with most gratifying results.

Mr. W., aged 65, suffered from melancholia, complicated with most obstinate insomnia. Trional was prescribed in 40-grain doses, combined with nitroglycerine, gr. 1-100. The patient was able to enjoy refreshing sleep for the first time in several weeks. Trional in larger doses, combined with caffeine citrate or nitroglycerine, has also proved itself invaluable in several cases of delirium tremens.

For coughs, especially irritating coughs, I have found phenacetine, gr. 2 1-2, combined with ext. glycyrrhizae, codeine, gr. 1-8, and sacch. alb., to give more relief than any other combination.

In conclusion, I report the following case as an illustration of the excellent results obtained in the treatment of chancroids from the use of aristol.

Mr. B., aged 22, came to my office for the treatment of chancroids. He had previously been circumcised, and around the cicatrix was an almost complete circle of chancroids. After using a caustic I prescribed an ointment of aristol and lanolin. In three weeks under this treatment the chancroids healed.

Aristol ointment is a favorite dressing with me in similar cases.

REPORT OF TREATMENT OF SECONDARY ANEMIAS, WITH CASES.

BY J. A. STOUTENBURGH, M. D.,

Late Resident Physician, Columbia Hospital, Washington, D. C.

These anemias accompany or follow other abnormal conditions, and play an important part in their course. If not relieved they prolong the original attack, and when convalescence is finally established leave the patient a shining mark for those infectious diseases which claim for their victims those whose resistive power is below the normal standard.

In most anemias the blood is diminished in volume, the corpuscles in number, and the hemaglobin sometimes falls to less than half the normal percentage. As a result the oxygen-carrying power of the blood is impaired, tissue metamorphosis retarded and nutrition of the whole body suffers in proportion to the degree of the anemia. There is loss of appetite and constipation, and the work of living is but lazily done.

TREATMENT.

First. Regulate the bowels. For this podophyllum in small daily doses is effective. Second. Cause patient to drink freely of good water, boiled preferred, taking a glassful hot three-quarters of an hour before each meal. This fills up the circulation and facilitates excretion of waste products. Third. Give appropriate treatment for the original disease, and fourth, we need a remedy, or combination of them that will increase the oxygen-carrying power of the blood, increase the appetite and stimulate the stomach and intestines to renewed activity.

Many so-called blood-makers attempt to do too much for us by supplying pre-digested and artificial food. It is better to give nature a chance, by coaxing her to resume her work, and then furnishing a nutritious and easily digestible diet.

Gray's Glycerine Tonic Compound is a preparation meeting the fourth requirement, and it has done me excellent service in many cases besides those here reported. It is made by the formula of Dr. John P. Gray, a combination of sherry wine, phosphoric acid, gentian, taraxacum, glycerine and aromatics.

The following cases from my notebook will best illustrate my points:

Case 1.—Mary P., aged 24, seen first June 11, 1897.

History.—Had several attacks of malaria during fall of 1896, intermittent and remittent types; suffered two severe attacks of bronchitis during February and March, and had malaria again in May. Has been sick now six days.

Examination shows a profound anemia, rapid and very small pulse, temperature varying from 99.6 degrees to 103 degrees, as shown by later observations. Diagnosis, remittent malarial fever and anemia.

Treatment began with calomel, followed by quinine in doses of five grains every hour for four hours each morning, and small doses of podophyllin at night,plenty of boiled water and a liquid diet rich in nitrogenous elements. Fever continued one week, but being convinced that anemia was partially responsible for it, on third day ordered Gray's Glycerine Tonic Compound in half-ounce doses every four hours before taking food. This was continued four days with quinine as above, when temperature was normal. Now put on full diet, tonic continued before meals and quinine gr. ii after meals. Treatment continued ten days, when patient reported a gain of four pounds, great increase in strength and growing appetite; pulse strong, appearance much improved. Tonic continued ten days longer, when a fine color and strong pulse evinced perfect health.

Case 2.—Margaret G., aged 36, widow, first seen May 17, 1897. Took cold in March; had a constant cough, lost appetite and flesh; constipation and has sweats and fever. Has taken several preparations of cod-liver oil, iron, hypophosphites and various cough mixtures without material relief.

Examination.—Roughened bronchial respiratory murmur, small moist rales over left apex, some dryness and fine whistling rales over right; no dullness elicited; anemic

murmur at base of heart; pulse soft, 100; expectoration scant, glairy.

Treatment.—For bowels, same as Case 1, boiled water to be drunk freely, and a mixture containing codeine 1-6 grain and beechwood creosote m. i. in dr. i of strong syrup of ginger, to be taken every four hours to relieve cough. Gray's Glycerine Tonic Compound was begun at once, taken after meals on account of irritable stomach.

May 27.—Cough slight, no expectoration or sweats, sleeps and eats well; auscultation - respiratory sounds much improved, a few moist rales over left apex; Codeine mixture given twice a day, Tonic continued.

June 7.—All symptoms have disappeared; examination negative; pulse strong, condition excellent, although she is supporting herself and children by hard work.

Case 3.—Annie V., aged 23, married; first seen June 23. Aborted at the third month two weeks ago. Had profuse hemorrhage then, and it has continued in varying quantity to date; is thin and pale; has fever, sweats, severe backache and pelvic pain.

Examination showed enlarged, tender uterus, with sanguino-purulent discharge; pulse 120, small and soft, mucous membranes very pale. Diagnosis, sepsis and anemia, following abortion and hemorrhage.

Treatment.—Thorough curetting with gauze drainage, changed every second day after irrigation with normal salt solution. The glycerine tonic and quinine were given as in latter part of Case 1. In one week the temperature was normal, no tenderness or pelvic pain, general condition much improved, tonic continued before meals, and elixir lactopeptine after meals to aid digestion. On fifteenth day patient said she was almost as good as new; appetite splendid, digestion and assimilation perfect. Patient discharged cured July 13, having gained nine pounds in 20 days.

Case 4.—Mary M., 42, widow; first seen June 5, 1897. Was operated on for fibroma uteri one year ago, ovariotomy and partial hysterectomy being done. Since then has suffered constantly with stubborn constipation, anorexia and indigestion. Of late has had constant headache; cannot retain food; bowels not moved for six days; has distension of abdomen, coming on every afternoon, accompanied by intense pelvic pain.

Examination showed marked anemia, tympanites, bowels loaded and a fibroid reaching half-way to the navel and nearly filling hollow of sacrum.

Treatment.—Enemata to clear out bowel; copious drinking of hot water; liquid diet; hot stoups for pain. Improvement is rapid. On the third day retained food. Gray's Glycerine Tonic Compound in tablespoonful doses, well diluted, was given before meals and quinine gr. 2 afterward; food gradually increased. On the fifth day bowels moved naturally, distension ceased and appetite improving. One week later was much better; good appetite, bowels moving daily; is now doing her own work. She drank hot water before meals and continued the tonic for two weeks longer, when she reported that she was in better health than for years and had gained eight pounds since beginning treatment.

These are some of the cases in which I have used this new restorative with the best satisfaction. I am well satisfied that we have in this tonic a most valuable medium, one sure to grow in favor as its merits become better known.

—From the Journal of Practical Medicine, New York, Sept., 1897.

ALBERT E. EBERT AT EDITORIAL WORK.

Albert E. Ebert, Ph. M., Ph. D., is one of the best-known retail druggists in the United States, on account of his long service in literary and professional work. He has recently become associated with the editorial staff of the Meyer Brothers Druggist. The doctor has charge of the department of "Working Formulas."

Current Surgical Literature.

T. H. MANLEY, M. D., New York, Editor.

THE FINAL RESULTS AFTER VAGINAL HYSTERECTOMY FOR CANCER.

—Gazette De Gynecologie, 15 Sept., '97.
DR. JACOBS, OF BRUSSELLS.

The question before the Congress deals with all operations for cancer of the uterus, but I shall limit myself to the results observed after hysterectomy for this malady.

Up to the present date—June 1, 1897—I have performed 65 vaginal hysterectomies and four abdominal for uterine cancer, with one death—operative—in vaginal hysterectomy, and two in abdominal. The death after the vaginal ensued in consequence of rupture of a varicose vein; in the abdominal, one, from pulmonary complication on ninth day, and one from peritonitis.

In 69 cases of uterine cancer, in 58 it was limited to the neck, and in 11 it involved the body of the uterus.

The following includes the final results:

Ten have been lost from view.

Fifty returned to report 39 recurrences, 4 alive after two years, seven at the end of one year. The other cases are too recent to report on final results.

In order to determine final results it is necessary to consider age, with the seat and extent of lesion.

The greater number of these cases come to the surgeon only when the disease has made considerable headway, the system is reduced and healing is prolonged.

The average practitioner has such a horror of surgical extirpation that he exhausts the resources of medicine before referring these cases to the operator. This is one reason why so many operations on them are useless.

However little encouragement this class may offer he regards them as preferable to uterine extirpation when the annexes, the cellular tissues and pelvic lymphatics are not invaded.

AGE OF PATIENT.

The age of the patient is a matter of prime importance, for on this point we have formal convictions.

Whatever may be the extent of the lesion, rapidity of relapse after operation is always the greater the younger the subject.

From 20 to 35 is the most favorable age for medical surgery; but how often we see evidence of fresh invasion, actually before cicatrization is complete—the sad cortege of symptoms appear and we are impotent to arrest them. Tissues but shortly before apparently healthy are now indiscriminately seized on as the broad ligament and the peri-uterine tissues.

We may notice the same epithelial activity in the parturient and recently delivered, who have cancer.

AFTER THE MENOPAUSE.

In my opinion intervention is seldom justified from the menopause to 60.

In this class palliative treatment will prolong life to a greater extent of time than radical operation. In these the march of the disease is slow and insidious, there is little pain and the disease is widespread before detected.

We should not forget that hysterectomy at this age is an operation of gravity and its therapeutic results are most discouraging.

Below is a table of cases operated on:

Age.	No. of Cases.	Operative Mortality.	Relapses.	Cures.
20 to 30	18	0	8 in two months 4 in 5 months 5 in 8 months 1 after year 18 relapses.	1 cured for one year.
35 to 45	37	2	11 lost sight of 9 in one month 5 in 6 months. 5 in 12 months. 2 in 10 months 24 relapses.	2 well after 2 years.
45 to 55	12	1	7 relapses before end of first year 4 during the second year.	
55 to 70	2	0	1 relapse in five months 1 relapse in 11 months.	

In those 69 cases there were but two in which there was absence of return after two years. The microscope left no doubt as to the nature of the lesion in all of them.

Not a single one which I have operated on has survived four, five, six, seven or eight years. Every one died sooner or later from a generalization of the disease. My therapeutic balance sheet of these cases of cancer treated by hysterectomy is miserable.

Definite records on the relative number and date of relapses are difficult to secure.

The unfortunate patient, conscious of the return of the malady, often in despair fails to report, or enters another's practice.

Table showing relation of age to rapidity of recurrence:

Relapse one month after operation, five cases, 21, 22, 24, 25 years.
Relapse two months after operation, three cases, 27, 30, 41 years.
Relapse three months after operation, 10 cases, 30, 32, 33, 35, 51, 70 years.
Relapse five years after operation, four cases, 27, 33, 47, 56 years.
Relapse six months after operation, eight cases, 29, 31, 35, 36, 38 years.
Relapse 10 months after operation, seven cases, 36, 37, 30, 40, 41, 42 years.
Relapse 12 months after operation, six cases, 26, 36, 42, 43, 45, 49 years.
Relapse 18 months after operation, two cases, 49, 50 years.
Relapse two years after operation, four cases, 50, 56, 57, 59 years.
Relapse three years after operation, five cases, 46, 49, 51.

In all these cases relapse set in by infiltration of the pelvic tissues and the vaginal walls. In only two have I witnessed return without involving the vagina. Death usually followed from one to three months after first signs of relapse set in.

In one case patient survived seven months, with two large cloacal opening widely the bladder and rectum into the vagina.

ANALYSIS.

An analysis of these tables show that hysterectomy for uterine cancer under 35 years of age presents deplorable results, for in those under that age, no matter however favorable may be the conditions for operation, with few exceptions the disease reappeared from three to seven months after operation.

However sad may be the results we must not entirely proscribe this operation, as for example when hemorrhage is abundant or the pain is great.

No surgeon is warranted in urging an operation of so formidable a character as hysterectomy for a therapeutic result, which is often perfectly "nil."

We have seen relapse with terrible rapidity in those under 35, even when it was supposed enucleation was quite radical.

From 35 to 55 operation may be entirely degitimate as a palliative measure. After this age we would do well to restrict our treatment to a tentative therapy. We often see old people with cancer of the uterus for months and years in entire ignorance of their presence.

CONCLUSIONS.

We may say practically that vaginal hysterectomy has no mortality, and abdominal to-day gives us quite the same guarantee.

But we are convinced that the mode of operating is of no consequence in cancer.

It may finally be said that wherever cancer is situated, after extirpation relapse is inevitable in the present state of our knowledge of its therapy, and radical cure to-day is the "exception."

Operation, as it stops hemorrhage, relieves pain and suppresses the

ichorous discharge, should not be refused the patient.

Cancer of the uterus, however treated, is progressively fatal, although, everything considered, hysterectomy is perhaps among the best of palliative remedies.

HOW TO SECURE ASEPSIS IN CASES OF BURNS.

Dr. C. K. Cole, of Helena, Mont., (Columbus Med. Jour., Sept. 14, 1897) states that of prime importance in the treatment of burns is the necessity of making the involved portion as nearly as possible aseptic. "To accomplish this, the clothes having been removed in a warm room, all blebs should be punctured, shreds of clothing and other debris carefully washed and mopped with some mild germicidal solution, preferably boro-salicylic solution, or the standard Thiersch's solution, the whole carefully enveloped in multiple layers, first of borated lint and absorbent cotton, covered with rubber tissue, with either bichloride or iodoform gauze (constituting the outer layers) held in place lightly by a few turns of a roller bandage. Among the newer remedies applicable in these cases there is one much vaunted and very justly so. I refer to europhen, which may be used in the form of powder, gauze, or a 3 to 5 per cent. ointment. With reference to the latter preparation (the ointment), while it is almost uniformly recommended, I seriously question whether its use is consistent with strict antisepsis. Europhen has the advantage over iodoform of being non-odorous, practically devoid of danger from toxic effects and, according to some authorities, is better than iodoform in promoting rapid healing, especially in suppurating cases. The exclusion of atmospheric air is sine qua non."

QUACKS AND GULLS.

The following story, which I take from a French newspaper, well illustrates that particular twist in the brain of "this foolish-compounded clay, man," which leads so many otherwise fairly intelligent folks to place more reliance on quacks than on qualified medical practitioners. In a fashionable quarter of Paris one "Alexis" does a roaring trade as a bone setter and herbalist. To him one fine day there came a Commissioner of Police with an invitation to follow him to his office. The quack took the matter quite coolly and, while preparing to obey the summons of the law, said to his servant, "Don't send anyone away; I shall be back in a few minutes." The representative of the civil power hinted with a significant smile that his return might possibly be a little delayed. On arriving at the police office "Alexis" asked the Commissioner for a moment's private interview. This, after some demur, was granted. When they were alone "Alexis" took from his pocket a diploma of Doctor of Medicine of the most authentic character, at the same time begging the astonished Commissioner not to betray his secret on the ground that he would lose all his practice if it were known that he was a regularly qualified doctor. He added by way of explanation that he had tried practice in the orthodox way and had nearly starved behind his brass plate. An inspiration came to him to start as a quack. He removed his plate, dropped his surname, gave himself out for a bone setter—and he might have added, pointing to his rooms crowded with patients, "Si monumentum quoeris, circumspice!" This interesting story carries its truth on its face. I do not know whether "Alexis," doctor though he be, has much knowledge of medicine, but he evidently knows mankind.

—The Practitioner.

GONORRHEAL PERITONITIS IN A CHILD.

Mejia publishes a full account of a well-marked case of this disease. A child, aged 5, had suffered for over a fortnight from a very free vaginal discharge. Severe abdominal pain set in a week later, then continual vomiting, and at last the child was brought into hospital; she was clearly moribund. Tympanitic distension was extreme. Pain was so great that palpation was almost

useless, yet there seemed to be fluctuation in the hypogastrium and iliac fossae. After death the peritoneal cavity was found to contain a quantity of pus which contained the gonococcus, also the bacterium coli. The distended intestines were glued together by adhesions, but showed no signs of disease of their muscular and mucous coats. The appendix vermiformis was free from any lesion. The ovaries and tubes were adherent. It is significant that the abdominal orifice of each tube was patent; pus exuded on pressure. The other viscera were healthy, excepting that there was slight edema of the bases of the lungs.

—These de Paris, 1897.

RECOVERY WITHOUT OPERATION FROM A PENETRATING GUNSHOT WOUND OF THE ABDOMEN.

Ruotte publishes a case of gunshot wound of the abdomen, in which recovery followed an expectant treatment, necessitated in the first instance by the absence of skilled help and by the surroundings of the patient, and the objection raised by the parents to removal to hospital. The injury had been caused by the accidental discharge at a distance of a few inches of a gun loaded with large shot. The wound, which was about one inch in length, and had undoubtedly extended into the abdominal cavity, was situated a little below and to the outer side of the umbilicus. Wounding of the intestine was proved by an occasional escape of gas, by a greenish discharge from the wound after the third day, which was increased soon after feeding. The patient, a lad aged 12 years, who was treated by a very restricted and fluid diet, by the application of ice to the abdomen, and by the occasional administration of opium, made a speedy recovery without any indications of peritonitis, and was able to return to school within a month from the date of the accident. The author acknowledges that the good result in this case was very exceptional and unexpected, and expresses his conviction, based upon an extensive experience of gunshot wounds, that even when the peritoneal cavity has been penetrated by multiple projectiles surgical intervention is indicated provided it can be applied under those conditions that are indispensable for its success.

—Archiv. Provin. de Chir., October, '97.

DUPUYTREN'S CONTRACTION.

Fere brings forth several facts in support of the view that retraction of the palmar fascia is due to some predisposing constitutional condition, and that traumatism and external irritation play but a subordinate part as mere exciting causes. The symmetry of the lesions, which is one of the most frequent characters of the affections, favors this view. Moreover, the contraction is often associated with general conditions marked by trophic disturbances. Rheumatism and herpetism have often been noted in the hereditary and personal antecedents of the subjects of this affection, and many authors have pointed out its occasional association with gout. It has also been observed, though less frequently, in diabetic patients. Allusion is made to its occasional coincidence with induration of the fibrous sheath of the penis, an instance of which is published by the author. Palmar contraction is sometimes met with in cases of nerve affections, such as tabes, epilepsy and general arthritic paralysis. The author recognizes the influence, which, however, is regarded as only exciting, of traumatism, and points out in favor of such influence the almost constant commencement of the contraction in the fourth and little fingers. A case, however, is here recorded in which the affection commenced on both sides in the thumb.

—Rev. de Chirurg.

Therapeutics.

TREATMENT OF ECZEMA BY PICRIC ACID.

Brousse recommends the employment of picric acid in some cases of eczema, the indications being an acute attack, either primarily, or supervening on a chronic, particularly should there be any tendency to epidermic ulcerations, and in the seborrheic or impetiginous eczema of children. But the method is contraindicated in chronic cases, and generally in those accompanied by epidermic thickening, though should there be much itching in the latter it may prove beneficial. The method of employment is as follows: A saturated solution of picric acid (12 g. of the acid dissolved in 1 litre of tepid water, allowed to become cold and decanted), is painted on the affected parts with a brush, the application extending slightly beyond the limits of the eczematous area, then covered immediately with absorbent wool, or it may be with a compress soaked in the same solution, and over which the wool is applied. This is allowed to remain on for about two days. An indispensable precaution would seem to be previous cleansing of the skin with some antiseptic, so that no suppurative organisms may be allowed to remain in contact with the diseased skin during the time that it is covered by the wool dressing. The staining due to picric acid may subsequently be removed by washing in a saturated solution of lithia carbonate.

—Journ. de Med., October 10, '97.

HEAT AS A THERAPEUTIC AGENT.

Bosanyi commences a study of this subject. He first refers to the disputed question of the superiority of the natural hot springs over the artificial substitutes. Hot baths have been used with success in puerperal eclampsia, and hot douches and applications have been found of value in certain diseases of women. The author then refers to the treatment of anemia by diaphoresis and bleeding, which he appears to look upon as a possible substitute for the iron treatment. In the acute infective diseases such as diphtheria, cholera, influenza, hot baths, or the local application of heat, has proved to be of service. Epidemic cerebro-spinal meningitis has been treated with remarkably good results by baths at 36 degrees to 41 degrees C. In certain skin diseases, mostly chronic, the hot bath is a valuable remedy. In some circulatory diseases with dropsy diaphoretic baths are serviceable. The use of heat as a therapeutic agent has undoubtedly its limits, and under some circumstances is contraindicated. The author refers to the quickening of vital processes under its action. Chronic diseases are those which are most adapted to this treatment.

—Pester med.-chir. Presse, Oct. 24, '97.

SALINE INJECTIONS IN INFANTILE CHOLERA.

Loin, of Brussels, in children from 6 weeks to 3 months old, the subjects of infantile cholera resisting all sorts of treatment, has had recourse to subcutaneous injections of normal saline solution in doses of 50 c. cm. morning and evening. After the first and second injection the frequency of the stools diminished, they began to regain their normal consistence and appearance, and in a few days the patients recovered.

—Sem. Med., clxxvi.

POTASSIUM CHLORATE POISONING.

P. Jacob records a fatal case. A patient aged 39 was admitted almost comatose, 30 hours after taking about 25 g. of this drug. The face, ears, fingers and toes were blue. There was much dyspnea and the pulse was thready. Camphor injections were given and the stomach washed out with water to which sodium bicarbonate had been added. Venesection was performed on two occasions, and 1000 c. cm. normal saline solution was infused. Some considerable improvement was noted on the third day; 50 c. cm. urine of a brown-red color was drawn off and was found to contain both albumen and blood. From the time of admission a marked methemaglobinuria existed, but after the second day a distinct hemoglobinuria. Six days after taking the poison the patient died suddenly and unexpectedly. Only an incomplete necropsy could be made fifty hours after death. The spleen was enlarged, the lungs deeply engorged with blood, and the kidneys swollen. The changes in the blood were interesting. There was a very marked leucocytosis at first. The red cells were paler than usual, and showed marked degenerative changes. The leucocytosis gradually diminished, so that on the day of death the leucocytes did not exceed the normal, but the changes in the red cells gradually increased, so that eventually hardly a normally colored red cell was to be seen. The red cells which escaped the destructive changes nearly all showed poikilocytosis. The author's observations thus agree with those of Riess and Kronig. The hyperleucocytosis is a reactive change. The author would go so far as to say that he use of potassium chlorate, even as a gargle, should be entirely given up and forbidden. Even in small doses it is a severe blood poison and may produce a hemorrhagic nephritis.

—Berl. klin. Woch., July 5, 1897.

ACETONURIA.

Nebelthau relates an exceptional case in a woman who was much wasted. There was no evidence of visceral disease, and there was no sugar in the urine. The breath smelt of acetone, and the urine gave a most marked reaction of aceta-acetic acid. There was vomiting, and the vomit also contained acetone. An investigation was made into the metabolism of this case. In the first, or comparatively fasting period, acetone, aceto-acetic acid, oxybutyric acid and ammonia were found. The acetonuria was not so marked as in a severe case of diabetes, but exceeded the amount usually present when the patient is dieted. The amount of urine was small, and hence a considerable excretion of acetone occurred through the lungs. The urine contained during this period albumen and casts. Cases of intestinal intoxication have been recorded where there has been albuminuria with casts, as well as acetonuria. The total nitrogenous excretion was very low in the first period; the patient had taken very little food for some three years past. In the second period the vomiting was controlled by means of cocaine and suggested treatment, and a sufficient amount of food was taken. Now there was considerable nitrogenous retention, and the weight increased. With the sufficient nutrition the smell of acetone in the breath, the reaction with ferric chloride in the urine, and the increased ammonia excretion disappeared. It seemed to be a case of hysterical anorexia and vomiting, with consequent inanition. Thus a considerable excretion of acetone (4 g. in the day) may exist without producing much disturbance of the general condition.

—Centralb. f. inn. Med., Sept. 25, '97.

List of Contributors

...TO...

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Contributors of Original Articles in Volume XXXIV.

JULY to DECEMBER, 1897,

Aronson, Hans, M. D., Germany.
Caldwell, John J., M. D., Baltimore, Md.
Clausen, Joseph R., M. D., Philadelphia.
Gaston, J. McFadden, M. D., Atlanta, Ga.
Gillespie, William, M. D., Cincinnati, O.
Heady, James F., M. D., Glendale, O.
Kiernan, James G., M. D., Chicago, Ill.
Koch, I. M., M. D., Philadelphia, Pa.
Manley, Thomas H., M. D., New York City.
Monell, S. H., M. D., Brooklyn, N. Y.
Morrissey, John J., M. D., New York City.
Nefe, A. A., M. D., Lookout Mountain, Tenn.
Norwood, Paul, M. D., Omaha, Neb.
Parsons, Frank S., M. D., Boston, Mass.
Somers, Lewis S., M. D., Brooklyn, N. Y.
Wood, James Robie, M. D., New York, N. Y.

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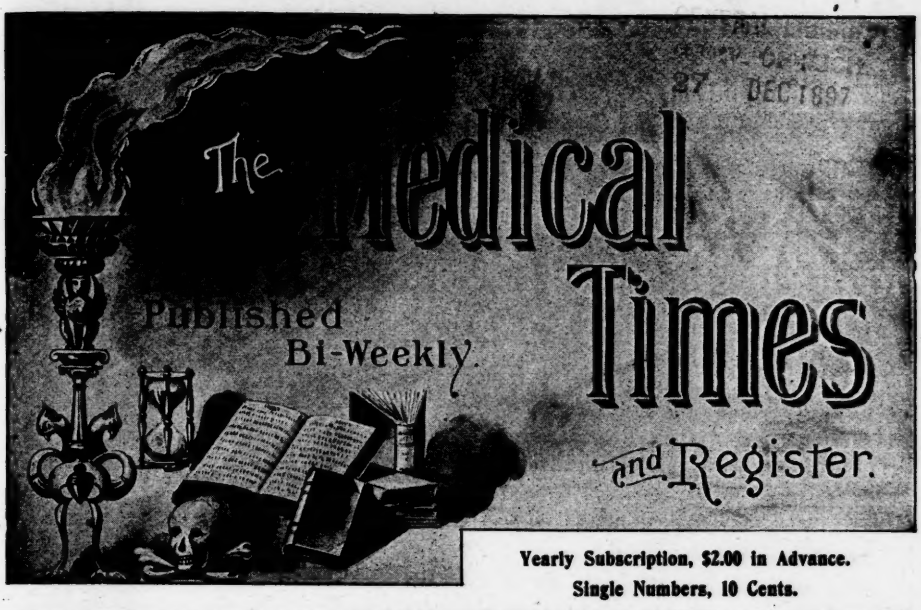

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(Continued from Front Cover.)

IN APPALACHIAN FOLDS.

While much merited panegyric has been expended on the marvelous transits of the Rocky Mountain range, via the Canadian Pacific, Great Northern, Northern Pacific and the rest, this stupendous passage of the Appalachian chain by way of the Chesapeake & Ohio Railway seems to have been but gingerly regarded by correspondents, when as a matter of fact it affords the longest continuous stretch of changeful mountain landscape in America, the distance across the divide from Gordonsville to Kenova being at least 50 times greater than from Midvale to Spokane, on the Great Northern. It is true there are no snow-capped peaks in Virginia, but there are ice mountains, vast caves, natural bridges, mysterious hot springs, iron and sulphur, and the route pierces no less than 22 tunnels, of which several exceed or approximate a mile in length. As a whole the construction is an engineering marvel. The expense has been enormous, and more than a quarter of a century has been employed in perfecting it.—Charles Hallock, in Forest and Stream.

A VITAL QUESTION.

In a recent exhaustive article on the alarming question of food adulteration the Medical Progress says: "If food that should be pure, especially when it is required for the sick, is thus adulterated, how are we to expect the recovery of our patients? The best way out of the dilemma is for the physician to insist that his patients shall have only such products as are prescribed and recommended by him! There is one article of diet that can be relied on whenever a nutriment is needed for the invalid, and it is the Imperial Granum Food, a wheat preparation of absolute purity, that is especially beneficial in all gastric and enteric troubles."

Miscellany.

A NEW PACKAGE.

Owing to continuous requests from public institutions, such as asylums, dispensaries, hospitals, homes and infirmaries, the Norwich Pharmacal Co., of Norwich, N. Y., will place upon the market on January 1, 1898, a new five-pound tin, to be known as hospital size, and will retail for $4.75. This new package will doubtless be largely used by a great number of physicians outside of hospitals, as unguentine is now recognized by leading members of the profession to be one of the very best surgical dressings in every case where there is inflammation, and is a valuable addition to the office shelf or table.

A NEW DRESSING FOR THE UMBILICAL CORD.

Rochon strongly recommends the use of picric acid as a dressing for the cord. He states that it insures antisepsis, obviates the too rapid desiccation, which produces a brittle stump liable to cause hemorrhage on the slightest provocation, does not hinder the separation of the cord on the sixth or seventh day, and leaves then a hard and complete cicatrix. It is furthermore absolutely harmless. The dressing consists merely of a bandage or a wad of absorbent wool soaked in 0.5 per cent. picric acid and then carefully squeezed out, and finally covered with a septic cotton without the interposition of any impermeable material. The dressing should be changed every two or three days, more often if soiled with urine; at a pinch, however, a single dressing will suffice. The more often it is changed the later the separation of the cord, which is usually on the fifth to the seventh day when this method is followed.

—Sem. Med., August 25, 1897.

THE CROWNING DEVELOPMENT OF PRACTICAL MEDICINE

IN HÆMATHERAPY, OR BLOOD TREATMENT.

BLOOD, AND BLOOD ALONE, is physiologically ascertained to be the essential and fundamental Principle of Healing, of Defense, and of Repair, in the human system; and this Principle is now proved, by constant clinical experience, to be practically available to the system in all cases, to any extent, and wherever needed, internally or externally.

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A FILM OF BOVININE:
Showing the Blood-corpuscles Intact.

Micro-photographed
by Prof. R. R. Andrews, M.D.

In short, it is now an established fact, that if Nature fails to *make* good blood, *we can introduce it.* Nothing of disease, so far, has seemed to stand before it.

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